

## Application Form: Teens Camp 2019 - 21<sup>st</sup> to 26<sup>th</sup> July, €300

Applicant's Name \_\_\_\_\_

Parent /Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Mobile Phone (Applicant) \_\_\_\_\_

Mobile Phone (Parent/Guardian) \_\_\_\_\_ Landline \_\_\_\_\_

**Medical Details:** Must be filled in for each applicant by parent/guardian.

Does the applicant suffer from any of the following illnesses, conditions or allergies ?

Please tick all of the applicable:

Asthma

Epilepsy

Diabetes

Heart Trouble

Allergy to Penicillin

Allergy to bee/wasp stings

Allergy to certain foods, e.g. nuts

(specify) \_\_\_\_\_

Are there any other illnesses, conditions or allergies we should know about ?

\_\_\_\_\_

Please specify any medical treatments being given at present

\_\_\_\_\_

\_\_\_\_\_

Has the applicant been vaccinated against tetanus ? YES / NO

Some of the activities may be physically demanding, e.g. Ball games, swimming etc. I feel my child should not participate in \_\_\_\_\_

I have read the enclosed rules and information. I agree to my child attending camp and enclose payment of \_\_\_\_\_. I give permission to the person named on this form to take part in all the activities, including those not specifically listed.

I ( give / do not give) permission for suitable photos / videos of the applicant to be used for promotional purposes by C.E.F. at promotional meetings, or in promotional leaflets, or on official websites.

Signed \_\_\_\_\_ (Parent / Guardian)

Please note that full payment must be made by 12<sup>th</sup> July 2019. **Cheques should be made payable to C.E.F.**

Please return your application form and full payment to : Mr. & Mrs. B. Donaghy, Grange East, Knocknarea, Co. Sligo

For Bank Transfers - **IBAN** IE97 ULSB 9862 6012 0116 69, **BIC** ULSB IE 2D

[C.E.F., Grange East, Knocknarea, Co. Sligo @ Ulster Bank, Stephen Street, Sligo] using your full name as payment reference